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# THE ALABAMA MEDICAL JOURNAL.

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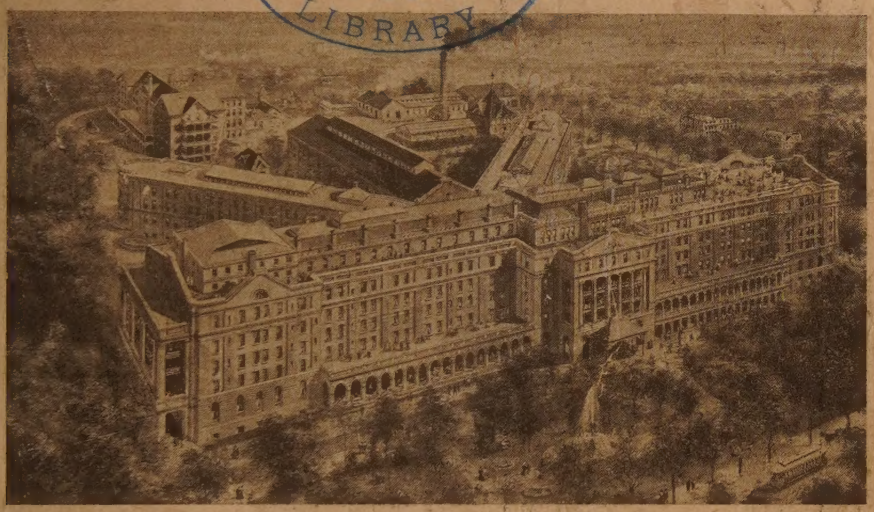

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THE ALABAMA
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VOL. 16. DECEMBER, 1903. NO. 1

# Original Communications.

## IN MEMORIAM WILLIAM E. B. DAVIS, M.D.

By L. S. McMURTRY, M.D.,

LOUISVILLE, KY.

The Fellows of this Society compose a band of busy workers joined together by similarity of experience, common ambitions, congeniality of taste and earnestness of purpose. Limited in numbers, our annual reunions increase the bonds of personal attachment and mutual esteem. The element of sadness only intrudes itself when the annual roll-call shows that some familiar face is missing. Indeed, our assembling together after the lapse of a year is not unlike that of a regiment after battle.

One year ago today Dr. William E. B. Davis, an honored Fellow and ex-president, met with us in perfect health, and vigor, in the prime of early manhood, and, with characteristically active body and restless mind, participated in the proceedings throughout the entire meeting. No man enjoyed a more honorable career; no one had brighter prospects for years of useful and enjoyable service. Much earlier than is customary in our profession, he had attained the fruition of his hopes; he was a recognized leader in scientific accomplishment; enjoyed the respect of his professional brethren in a remarkable degree, and possessed a large and devoted clientele. He lacked at the time of his death eight months before reaching the age of forty years. His ability, his energy, his incessant activity, his enthusiasm and capacity for concentration of thought and labor had placed him in the line of demonstrated success and authority at an age when the members of our guild are usually only beginning to receive merited recogni-

tion. He was spared the distress and suffering of protracted illness, and was killed instantly by accident at a railway crossing in the city of his home, on February 24, 1903. In the twinkling of an eye his life went out, his restless brain ceased its function, his generous heart was stilled, and his busy hands were folded for the long rest.

William Elias Brownlee Davis was born at Trussville, Jefferson County, Alabama, November 25, 1863. Both his father and grandfather were physicians of good attainments and excellent repute. His academic education was acquired at the University of Alabama, and after attending medical colleges in Louisville and New York, he received his degree from the Bellevue Hospital Medical College in 1884. He at once entered upon the practice of his profession in partnership with his brother, Dr. John D. S. Davis, and continued that relationship until his death.

A few years after receiving the doctorate degree he made a visit to Europe and carefully observed the methods of study and practice in the medical centers of Great Britain and the continent. Upon his return home he threw all his energies with characteristic enthusiasm into his professional work It was a time of great activity and marvelous changes in surgery. The epoch-making discoveries of Lister, the brilliant surgical achievements of Lawson Tait, were making a revolution in surgery and advancing its possibilities beyond the expectations of all former times. Dr. Davis was keeply imbued with the scientific spirit and actively set himself to work with a view of mastering the new surgery and to carry forward still further the great acquisitions of modern masters in surgical science and art. Without private fortune, he won his daily living by daily work as a practitioner, and devoted himself also to close study and experimental investigation. He was especially attracted to the field of gynecology and abdominal surgery, and after a few years of practice in general medicine and surgery devoted himself exclusively to gynecology and abdominal surgery. An indefatigable student, possessed of excellent judgment and discrimination, he applied the test of practical experience to all new methods and was quick to adopt the true and eliminate error. He made numerous important contributions to surgical literature, and contributed valuable knowledge to the surgical treatment of intestinal lesions and hepatic diseases as a result of experiments upon the lower animals, which he carried on for several years in conjunction with his brother. He mastered the intricate technique of gynecology and abdominal

surgery, and soon became one of the most successful operators in his section of the United States. He combined in a remarkable degree the knowledge of the scientific student and clinician. He was aggressive in his surgical work, but was governed at all times by that sound deliberate judgment which guarantees conservatism. As a practitioner he was eminently equipped for popularity and success. He had no studied manner and indulged in no subterfuge or pretense; his bearing was straightforward, sincere, and earnest. winning at all times the confidence and appreciation of those who entrusted themselves to his care. No one capable of appreciating him could be thrown with him without realizing his honorable nature and generous unselfish disposition. He loved his work and gave all his time to it. He was in every sense of the word a self-made man. He acquired no position or advantages by accident, but everything he had was gained by hard work. He was eminently practical, and his views on scientific subjects were always thorough, lucid and conservative. He was self-reliant, and had, with the aid of his brother, acquired the knowledge of an original investigator and expert clinician far away from the medical societies and hospitals of the great medical centers of our country.

Graduating in 1884, Dr. Davis became a member of this Society in 1889. His first contribution to our Transactions was made in 1890, when he took an active part in the discussions. He contributed a valuable paper to the Toronto meeting entitled, "Restoration of Intestinal Continuity without Mechanical Devices." At the meeting in 1900 he was elected President of the Association and presided over the meeting at Cleveland. He was for several years a member of the Council, and was at all times prompt in attendance and active in the interests of the Association.

Soon after being admitted to practice in Birmingham, he realized the great necessity for a purely scientific organization for the advancement of surgery and gynecology in that section of the United States. There were no organizations devoted to surgery and gynecology especially to which the profession of that section had access. The special societies of national scope held their meetings exclusively in the East, and Dr. Davis realized the necessity for a local society which would attract leading members of the profession and afford them facilities for keeping up with the rapid advances in modern surgery and gynecology. With this purpose in view, he organized in his office

the Surgical Gynecological Society of Alabama. His enthusiasm was not encouraged by the profession of his state, and he then conceived the purpose of going beyond the confines of his own state and establishing the Southern Surgical and Gynecological Association. The achievements of this organization will remain a lasting monument to the energy, self-sacrificing, and masterful ability of its founder and secretary. He served as secretary of this organization continuously without compensation until two years ago, when he resigned that office and was by acclamation elected its President. The members of this Association responded to the call of their worthy and popular colleague, and lent their powerful aid in the work of this organization. Meeting in the large cities of the Southern states, papers of the highest scientific value were annually presented and discussed by men from all sections of this country. In this way many younger men in the South were brought forward and stimulated to new and ever increasing endeavor. It is a high tribute to the founder and active executive officer, our deceased friend, that the Society attained such efficiency and renown, and the volumes of its Transactions will ever remain a splendid monument of his memory.

Dr. Davis was one of the organizers of the Birmingham Medical College and filled with eminent success the chair of Gynecology and Abdominal Surgery in that institution. In conjunction with his brother, he founded and conducted a large private surgical infirmary, where he did the greater part of his surgical work. He was on the staff of other hospitals in Birmingham, but was the active head of this infirmary to which he devoted the most earnest labor and constant solicitude.

In conjunction with his brother, he founded and edited the Alabama Medical Journal, which remains under the editorial management of Dr. LeGrande, one of the leading exponents of our profession in the Southern States.

Dr. Davis was the recipient of notable honors from his professional brethren in all parts of the United States. He was an honorary member of the Medical Society of the State of New York; an Honorary President of the Section of Gynecology and Abdominal Surgery of the first Pan-American Medical Congress in 1893, and one of the Vice-Presidents of the Second Pan-American Medical Congress in 1896. He was President of the Tri-State Medical Association of Alabama, Georgia, and Tennessee in 1891.

The limits of this article will not permit an enumeration of all his contributions to medical literature, which were numerous and valuable. He was constantly studying new methods and striv-

ing to work out complicated problems in surgical pathology and technique. His most noteworthy contributions relate to the surgery of the liver, gall-bladder and ducts.

His life was very busy, and to his profession he gave all his time and energies. In his daily life he was temperate in habits, polite in manners, and chaste in conversation. He had a high moral character, which inspired and controlled his daily life. He was a devoted son and thoroughly gentle, kind and unselfish in all his relations in life.

Dr. Davis was married in August, 1897, and came with his charming bride to the meeting of this Society held that year at Niagara Falls. The surviving relatives are the widow and two lovely little girls, and his brother already alluded to in this article, who has been throughout both a devoted brother and constant professional associate.

In this brief and imperfect sketch I have endeavored to record an outline of the character of an earnest, honest, able and intense man, who, dying before the age of forty years, had done the work usually encompassed in a good long life. To those here assembled he was much more than I have described. He was our colleague, our fellow, a leader among us, respected, trusted and beloved. He achieved success in many ways. His memory will be revered and cherished in his home by the loved ones there, and his name and fame will remain with the people of the city which was his home in his native state. The statesman and soldier leaves his monument in bronze and stone; the man of wealth in the colossal fortune that perpetuates his name; the author and poet in pages of thought and songs that live; but our distinguished Fellow who has joined the silent majority and whose memory we will cherish and honor, has a thousand monuments in the hearts of those who knew his good offices and appreciated his generous character.

## THE TREATMENT OF UTERINE CANCER WITH THE ROENTGEN RAYS.

By Bernard Wolff, M.D.,

ATLANTA, GA.

The prognosis of cancer of the uterus is essentially gloomy. Owing to the situation of the organ with its abundant lymphatic supply cancer is peculiarly malignant in this locality and the measures adopted for its relief far from satisfactory, except in a small minority of cases. As the disease (carcinoma) so frequently origi-

nates in the cervical portion of the organ and is probably for a time confined to it, as soon as the condition is recognized free extirpation offers the most encouraging results and should be practiced. The earlier the operative interference, the more hopeful the outcome, is true here as elsewhere in the clinical history of cancer. An effort is thus made to remove radically the gross lesions of the disease and whether or not this be accomplished, a check, at least, is given to its progress. Conservatism or other things being equal has no place in the attempt to rid the patient of the frightful danger in which she is placed and for this sound reason therapeutic measures other than surgical are ill-advised, even culpable. But there are certain conditions in which the benefit of surgery is not or cannot be made available and it is in these conditions that radiotherapy serves its purpose. It is employed not in the way of superseding surgical means but as a substitute warranted under the circumstances.

These conditions arise in three types of patients—those who from timidity and unconquerable dread elect a lingering death over the hazard of an operation; those whom the disease has recurred in an inoperable form after operation; and those in whom the disease is declared inoperable when first identified, from wide involvement of the uterine and adjacent tissues. In any or all conditions radiotherapy finds its field of usefulness. With persistent use of this method, one can be reasonably sure of producing amelioration of the symptoms, if not actually securing a disappearance of them altogether. This is the consensus of opinion among X-ray workers, and coincides with my experience.

There are two methods of carrying out the X-ray treatment, directly to the diseased tissue exposed to view through a proper speculum, and antero-posteriorly through the abdomen the vaginal and the abdominal. In the first method the patient is placed in the dorsal position on an operating table or chair. The legs are elevated and the feet rest in stirrups. The hips are drawn to the edge of the table, the legs widely separated and the speculum introduced. An ordinary bivalve speculum is used. It may be made self-retaining by passing a wide bandage over it and attaching the ends of the bandage to convenient projections on the table. A pledget of cotton may be inserted in the speculum to catch any discharge that flows out. It may be advisable to swab the diseased surface with a solution of adrenalin chloride for introduction of the speculum and forcible separation of the vaginal walls will sometimes cause brisk bleeding. This may be controlled by pressure and the adrenalin. With the speculum held firmly by the fillet or band, the tube is brought as

near the mouth of the speculum as convenient and the anode so placed in reference to the vaginal opening as to strike fairly the seat of the disease. The patient should be made as comfortable as the position will admit. If one of the elevated feet should slip out of the crutch it would be likely to strike the tube stand, perhaps break the tube, or at least contact with one of the terminals would give the patient a disagreeable shock. This accident should be provided against by seeing that all is snug before the tube is approached. I use the Sweet & Lewis "K" tube, medium hard backed up by a six to eight inch spark from a Kinraide coil. The legs are protected by sheets of lead foil such as dentists use. The seances are of ten minutes duration, for it is unusual to find a patient with fortitude sufficient to enable her to maintain such uncomfortable position for a longer time even if a longer exposure were advisable. The transirradiation or abdominal method consists in throwing the rays through the abdomen from above downward the patient lying on her back. The position of the mons veneris is located through the clothing and the tube is brought to within three or four inches of the skin immediately above it. The sitting should not exceed ten minutes. These are in general and briefly the directions to be followed. In individual cases the details will work themselves out. While my personal experience in the radiotherapy of uterine cancer has not been abundant and I am not therefore in position to speak at all authoritatively yet the encouragement given me by this method in the following case warrants a recommendation of it in similar instances.

Mrs. C., widow, aged 58. Carcinoma of the cervix with infiltration into the uterine body. This patient was referred to me by my friend, Dr. J. C. Earnest. She had long since reached the change of life, and sixmonths before applying for treatment was surprised by what she thought was a re-appearance of the menses. The bloody discharge was profuse and between the times of active hemorrhage, there was a constant drooling of thin brownish fluid with a very disagreeable odor. The patient complained of a dull persistent pain in the back, and her general health was much run down. She was examined by Dr. Earnest who decided that the disease had advanced beyond the reach of surgical removal and he then referred her to me for treatment with the X-ray. Without going into the minutiae of the treatment, it will suffice to say that the results after two and one half months of almost daily irradiations of ten minutes duration was surprising. Hemorrhage was almost entirely checked, there was no discharge, the napkin that had been necessary

to catch the discharge was discarded and the pain in the back had ceased. The general health was very much improved, and the patient had gained in weight. The improvement of the general condition was somewhat compromised by the occurrence of a tribacial neuralgia which followed the extraction of a tooth and from which she suffered considerable pain and loss of sleep. Being called to a distant city she discontinued the treatment here with the promise of resuming it elsewhere under other hands. There was some X-ray reaction set up on the skin of the abdomen and a certain amount of pigmentation but the former was not sufficiently marked to warrant a discontinuance of the exposures.

The positively good result obtained in this case would seem to warrant the conclusion that the method possesses a value that has not as yet been estimated and that future development in the direction of improvement in technic, more accurate information as to the physiological effect and scope of application will serve to place the method upon a sure footing in the therapy of uterin cancer—a position which it now definitely occupies in the treatment of superficial growths of the same nature.

318, 319, 320 Prudential Building.

## THE DIGESTIVE FERMENTS.

By W. S. Sanders, M.D.,

TROY, ALA.

The digestive ferments are given for the purpose of aiding digestion, or to artificially digest food before taken, when from any cause the normal ferments are absent or below par. They have been widely and indiscriminately used; and while some on one hand have made extravagant claims as to their utility; on the other, others have been just as positive as to their uselessness. It shall be my aim in this paper to try to set forth some of the principles upon which their application should be based. In the first place we must suppose a weakened condition of the digestive system; and that we are going to supply a deficiency or in other words, give a crutch to a weakened or crippled organ. In doing so there are two principles we must constantly keep in view. While a cripple not able to walk alone may by the aid of a crutch regain his power of locomotion on the one hand; on the other, a paralytic could never expect to regain the power of his limb by non-use but only encourage the trouble. So it is by doing the work artificially for an atonic digestive organ. It may be wise in some acute troubles, or in some chronic cases, to give the stomach

a temporary rest. But I am not the believer in the rest cure so much now as formerly. I think the profession as a rule are too much on the extreme in that line. I believe in the principle of leveling up the stomach to greater activity and to its requirements, instead of leveling the diet down to the capabilities of a weak stomach and thus humoring an already atonic condition.

The digestive ferments are according to their source, divided into two classes. First those that are derived from the mammalian organism, and second those derived from the vegetable kingdom. All the ferments of the digestive fluids have not been isolated; so I will therefore confine this paper to those best known and more commonly used.

Pepsin has been probably the most widely used and also the most abused. Pepsin acts only in an acid medium. Haemmeter says that when a test meal shows free Hcl. pepsin must of necessity be present in sufficient amount. And when Hcl. is absent pepsin or pepsenogen is generally present. He also says that pepsin acts by its presence and is not destroyed, and has almost unlimited action provided its products are removed when formed and the acidity of its media is maintained in normal quantities. Thus in subacidity the Hcl. only would be all that would be required and if the motor-power of the stomach is deficient that should be appropriately treated. In anacidity Hcl. and pepsin both might be indicated, but Haemmeter says that no stomach can tolerate the enormous amount of Hcl. that would be necessary. Suppose we were dealing with such a stomach. Instead of supplying the deficiency, wouldn't it be a better plan to bring every known means to bear upon such a stomach to stimulate it to secrete its normal secretion? But suppose we should fail in this; and we find that atrophy is complete; then a more practical and efficient plan would be to turn the stomach into an amalolysis by giving pancreatin and sodium bicarbonate. Thus the indications for pepsin according to Haemmeter are very limited, and my observations have been in accordance with his in regard to it; and I have become convinced that it is rarely if ever any benefit.

Pancreatin has been highly extolled also; and a remedy of great value if a good preparation and a fresh product is obtained. But practically its application is very limited and generally useless or harmful when impirically administered. It acts in an alkaline medium only and is destroyed by Hcl. Therefore if given in a stomach performing its functions normally or in which free Hcl. is still present, it will be destroyed. Or if it is given with sodium bicarbonate the stomach contents must be rendered alkaline and what stomach

digestion there is left destroyed and great damage done the stomach. Thompson advised inclosing it in perative capsules which are insoluble in an acid media and readily so in an alkaline. Therefore it would pass through the stomach and be liberated in the duodenum. But according to Haemmeter, the normal duodenum is acid and that these capsules frequently pass through the bowels undissolved. Also according to the same author pancreatin is never found absent in the duodenum except in some maladies of the pancreas and its ducts and these occur but very rarely. In intestinal indigestion nearly all cases are due to a loss of compensation for a diseased stomach and the proper method to pursue is to first treat that organ. Then I can conceive of no indication for the internal administration of pancreatin except as above stated where it might be necessary to convert a lost proteolysis of the stomach into an amalclysis. However, it is claimed it acts to a considerable extent on food before it is rendered acid in the stomach; but starch digestion is carried on at that time by the saliva, and in a stomach in which there is subacidity starch conversion is carried to a farther degree than normal. Then pancreatin might be given for its proteolytic properties and should be given without an alkalie.

Diastase has strong starch converting properties according to Leo, but Haemmeter claims that an alkalie is necessary. Therefore the same might be said for it as pancreatin. Where it would be indicated it would be to take the place of ptyaline. Ptyaline is the natural ferment and it seems would be preferable. Ewold found that ptyaline is rarely ever deficient, but frequently destroyed by some cause such as an unhygienic condition of the mouth or hyperacidity.

Papoid, papain, and caroid are vegetable ferments derived from the juice of a tree belonging to the natural order papayacae. According to Chittenden, caroid has the greatest efficiency and papoid next. It is claimed of them that they will act in any media and that papoid passes through the bowels in the stools. If what is claimed for them be true, they are the best for impirical prescribing. My experience with them has been limited and I cannot testify to their efficiency.

## AMEBIC DYSENTERY. REPORT OF CASE.*

By W. H. Taylor, M.D.,

CENTRAL MILLS, ALA.

Amebic dysentery, or tropical dysentery, as it is commonly called, is a mildly infectious disease, due to a pathogenic germ, known as "Ameba Coli" or "Ameba dysenteria," and was for a long time con-

*Read before the Dallas County Medical Society, Selma, Ala., November 19th, 1903.

sidered indigenous to and confined to the tropics. Since 1890 when Dr. Osler of Baltimore, observed ameba in pus from an hepatic abscess—(probably the first seen in North America),—they have been discovered not only in the sub-tropics, but in the higher temperate zones. In an article by Dr. Thos. B. Futcher of Johns Hopkins Hospital, read at the 54th annual meeting of the A. M. A., analysis of 119 cases treated at the Johns Hopkins, shows the disease to have been found in Maryland, District of Columbia, Virginia, West Virginia, North Carolina, Tennessee, Georgia, Alabama, Florida, Cuba and Brazil. Dr. Dock reported a case last year, which originated in Michigan. Thus we see that the term "tropical dysentery" is a misnomer. Very little, if anything, is known of the life history of the ameba, or of the mode of infection. Inoculation experiments by the mouth have proven negative. Dr. Futcher states that it is highly probable that the disease is contracted in much the same way that typhoid fever is. I have seen the disease produced in a cat, by injecting into the rectum discharges from a child suffering from amebic infection. The usual habitat of the ameba dysenteria, is in the large intestine, in the ascending colon, where it sets up inflammation, ulceration and sloughing. Though it has been found in various parts of the body, notably in the liver. This parasite has been placed by "Leuckhart" in the class Rizopoda of the Protozoa. It is a unicellular organism, varying in size from three to seven times that of the red blood corpuscle. When quiet it is an oval, when in motion, either oval, oblong or irregular shaped body, consisting of an inner granular portion, the entoplasm and an outer hyaline portion, the "ectoplasm." The entoplasm comprising by far the greater part of the ameba, and frequently contains one or more vacules red blood corpuscles and other foreign bodies.

It is most interesting to watch these organisms under the microscope. When a satisfactory specimen of bloody mucus has been obtained and spread upon a clean warm slide, numerous actively motile bodies may be seen, they change their shape and position by a rapid rolling flowing alternately expanding and contracting motion, which is hard to describe.

## SYMPTOMS.

The onset of the disease may be abrupt or gradual, patient seized with an attack of diarrhoea, preceded by some slight indisposition, loss of appetite, with or without some slight elevation of temperature, followed in a few days by the usual dysenteric symptoms, such as bloody mucoid discharges with more or less pain tenesmus and nausea. Tongue is lightly furred and moist in the early stage of

the disease, clean, red and glazed in the later stages. Course of the disease is irregular with a tendency to chronicity. Alternate intermissions and exacerbations of the enteric symptoms seems to be a leading characteristic of the disease. Sleep is disturbed by frequent evacuations of the bowels, backache and cramping pains in lower limbs. Skin is dry and harsh. Condition of abdomen is variable, tympanitic at times and normal or retracted at others. There is progressive anemia and emaciation; stools from six to twenty in the twenty-four hours, vary greatly in character and consistency in the same case. There is, however, more or less bloody mucus, greyish or yellowish slimy particles and shreds and lumps of necrotic tissue in all the discharges. The odor is sickening and offensive. Ameba are found most abundant in the blood-stained mucus, and in the particles of necrotic tissue.

## DIAGNOSIS.

Diagnosis of amebic dysentery can only be made absolute with the microscope, by finding actively motile ameba in the stools. This is easily done by selecting a small bit of the blood-stained mucus and spreading it thinly on a clean warm slide, covering same with a clean cover glass, examine with a low power, say 1-6 of an inch objective. In this way the ameba, if present, are readily seen and recognized, by their peculiar ameboid movement. The vacuoles, ectoplasm and entoplasm, however, are better studied with a high power, 1-12 oil immersion lense.

## PROGNOSIS.

This should be guarded; hepatic abscess is to be thought of; the tendency is to relapse and chronicity, the malady is very properly considered a grave one.

## TREATMENT.

On account of the paucity of our knowledge of the life history of the ameba and of the source of infection, it is difficult to formulate a successful preventive or curative treatment. Dr. Anders advises absolute rest in bed and a simple and easily digested diet. He mentions Ipecac as being the best single remedy for this disease; that failing, he urges a trial of the sulphur treatment. The treatment most in favor, however, seems to be the high copious irrigations of quinine solution, it being claimed by some clinicians almost a specific. In the hands of some good and competent observers however, it has proven worthless; Dr. Harris of Atlanta having known

the ameba to remain motile twenty-four hours in a supersaturated solution of this drug. He mentions as a more satisfactory treatment, colonic flushing with Per Oxide of Hydrogen.

## CASE.

F. M. Negro, male, aged 51 years, occupation, ditching. Was on Dec. 24, 1902, attacked with severe headache or neuralgia, followed by diarrheoa the next day, which continued more or less severe with alternate intermissions and exacerbations without treatment except some simple domestic remedies, until May 5th, of present year, when he was seen by the writer. Patient was somewhat emaciated, slightly anemic, tongue red and glazed, skin dry and harsh, temperature normal, pulse a little quick, abdomen distended, bowels acting from ten to twenty times a day, colicy pains and tenesmus, stools soft and watery, mixed with bleeding mucus and shreds of necrotic tissue, alkaline in reaction, loss of appetite and some nausea, patient easily fatigued.

## DIAGNOSIS, CHRONIC DYSENTERY.

Patient was sent to bed and given usual treatment for dysentery, without any marked improvement except for a period of a few days, to be followed by an exacerbation of the malady. Treatment was varied from time to time so as to include almost every agent with which we are familiar, as being indicated in the treatment of dysentery, with uniformly negative results. Patient slowly grew worse. This condition of affairs continued much the same until one day in July, when upon suggestion of the sufferer a stool was examined, our suspicions being aroused, the microscope was appealed to, and soon revealed the true condition of the man, Amebic Dysentery; but unfortunately too late, for in spite of high irrigations of quinine, nit of silver, sulphur, carb of zinc and actozone both by irrigation and per orum. Oil and beta naph, sulphur and dovers powders, tonics and reconstructives, etc. Patient succumbed to the ravages of Ameba Dysentery on the 26th of October, 1903. Ten months after inception of the disease

Now Gentlemen, I feel that in reporting this case, I have only recorded a diagnostic blunder and a therapeutic failure; yet if it reminds you that Amebic Dysentery may, and does occur in middle Alabama, and impresses you with the importance of more frequent and thorough examination of the feces, I shall feel amply rewarded for this feeble effort.

# PLACENTA PRAEVIA, WITH REPORT OF THREE CASES.*

By H. R. Coston, M.D.

BIRMINGHAM, ALA.

The earliest reference to placenta praevia, which I have been able to find, was that of Ambrose Pare in 1575. He believed it to be a falling down, at the beginning of labor, of the normally situated placenta. He termed the condition filins anti-patrem.(2)

This doctrine was accepted for about a century without a question as to its accuracy. In 1709 Schacher made the first postmortem on a case dying in labor and demonstrated the fallacy of Pare's doctrine placenta. He termed the condition filinsanti-patren.(1)

Aetiology. Normally conception occurs about the junction of the middle and outer thirds of the fallopian tube. No doubt many conceptions occur within the uterine cavity and are passed out with the normal secretions before sufficient development has taken place to allow it to become attached to the endo-metrium. However, should there be any swelling of the uterine mucosa, either cervical or corporeal, it would cause a narrowing of the canal and would very probably result in a low attachment of the ovum and a placenta paevia would be the result. Schaeffer(3) says: "Disease of the endometriuum and its inability to nourish the ovum are the most important factors in the aetiology." I believe in endo-metritis and endo-cervicitis we have the principal causal factors of placenta praevia. In the healthy condition, the fundus sheds more of its epithelium than any other portion of the uterine cavity, thus preparing a proper nidus for the reception of the ovum. In an inflamed condition it is covered with mucus and on reaching the cavity of the uterus, the ovum becomes covered with mucus and sinks to a lower level in the cavity and by the time it reaches the os internum it has attained such development that it lodges there and begins its development. If no woman ever had any endo-metrial inflammation I doubt if we would see one-tenth of the cases of placenta praevia which we now see. Anything which prevents the ready adherence of the ovum to the fundus, whether it be endo-metritis, a tumor, or mal-formation is a causative agent. Schwartz reported a case of uterus bi-cornus in which placenta praevia occurred three times. An abnormally low opening of the fallopian tubes may cause it. Twin pregnancy gives four times the proportion of cases as does single pregnancy. It is six times as frequent in pluriparae as in primiparae—another evidence of the great preponderance of endo-metritis as the cause. My three cases were all in pluriparae.

*Read before Jefferson County Medical Society, Nov. 23, 1903.

Frequency. Authors vary in their estimates of its frequency, but from analysis of large collections of cases it appears to occur about once to every thousand cases.

Muller(4) reported 813 cases in 876,432 pregnancies—1 to 1,078. However Townsend(5) in 6,760 labors found one case of placenta praevia to every 239 cases. Kaltenback places the proportion at 1 to 1,600.

Shape of Placenta. This is seldom normal, often it is battledore; always spreads over more surface than normal and Boisliniere(6) says it may extend over nearly the entire inner surface of the uterus, even extending to the os externum. This is probably due to its development from the reflexa instead of the serotina and also because it is less well nourished. Placenta succenturia is frequent.

Adhesions. These are frequent. Hirst(7) says they occur in one-third of the cases. It is probably due to the frequent slight separations which nature endeavors to heal. They constitute quite a serious complication to both mother and child.

Varieties. During labor the lower zone of the uterus which is marked above by Bandl's ring is changed from an hemisphere to a cylinder. If the placenta is located wholly or partially within this zone it is a placenta praevia. According to the amount of it situated within this space is it dangerous, therefore various divisions have been described but for practical purposes only two varieties should be made of it, i. e., placenta praevia centralis when it extends across the os uteri, and placenta lateralis when its edge only touches the os or it is only partially within the danger line. A placenta succenturia may be thus located and give the same symptoms as if it was the true placenta while it—the true placenta—is located above the danger line.

Time at which hemorrhage occurs. The fundus uteri has about completed its full development at the end of the seventh month and the increased intra-uterine capacity is gained at the expense of the cervix and lower uterine zone.

The placenta is practically fully grown at 6 1-2 to seven months; hence when the lower zone begins to enlarge placental separation necessarily occurs. This explains the absence of hemorrhage—in the vast majority of cases—until about the end of the seventh month and also explains why it is very seldom delayed much beyond that time. In two of my cases it began at 2 1-2 and 3 1-2 months respectively.

Abnormal Presentations. The cord often presents: cross and oblique cases are ten times more frequent, and breech cases four

times, than in normal cases. We may expect to find mal-presentations in from 20 to 50 per cent. of the cases.(8) A cross presentation discovered by abdominal palpation and even a slight "show" should lead us to think of placenta praevia and to a painstaking vaginal examination.

Condition of the cervix. In nearly all cases the cervix is softer and more easily dilated than in normal pregnancy; this is due to the unusual amount of blood sent to the parts. Occasionally, however, the cervix will be found rigid. Hirst(7) says this occurs in 12 per cent. of the cases. I do not believe that the rigidity will remain after a severe hemorrhage.

Condition of the child. Almost all these children are poorly developed and ill-nourished, very feeble and more or less asphyxiated and anaemic. Scarcely half of those born living need be expected to live. Johnson(9) believes the life of the child is not worth considering.

Symptoms. A sudden gush of blood without pain is usually the first symptoms to show that there is anything wrong. This may occur when the woman is on her feet or when she is in bed sleeping quietly. Ordinary exertion seems to have but little to do with the date of its first appearance; it is abrupt, apparently causeless, usually slight in amount, ceasing spontaneously or only followed by a little dribbling for a few hours when it ceases entirely to be renewed at some future time in all its fury. This first hemorrhage may be very severe or even prove fatal before help can be had, but usually the amount of blood lost is just sufficient to put the patient and physician on their guard. The nearer the end of the time or the more centrally it is located the greater will be the hemorrhage; however, Hirst(7) had to terminate a case at the fifth month to save the woman's life. At each recurrence the amount of blood lost becomes greater and the intervals between hemorrhages become shorter. Abdominal palpation is not to be relied on in these cases except to make out a cross presentation or determine that the placenta is not situated on the anterior fundal wall.

Upon vaginal examination we will detect an unusual bagginess of the cervix and lower pole of the uterus; a succulent mass occupying its lower zone which feels very like a wet sponge; the presenting part is badly defined, and we may be able to determine a difference in the thickness of the tissues of the two sides of the palpable portion of the uterus between the fingers and head of the child. The blue discoloration of the cervix and vagina is deeper and extends further toward the external genitalia. If we can pass the finger through the

os and feel the sponge-like placental tissue, probability becomes a certainty. If hemorrhage has been severe we have added the symptoms of acute anaemia—pallor, weakness, faintness, perspiration, leaky skin, sighing respiration, quick, soft pulse, giddiness, blindness, possibly syncope or even death, especially if the patient should be lifted to the sitting or erect posture. The movements of the child and its heart sounds become very weak or cease entirely. It dies from asphyxia, or asphyxia and loss of its own blood. I do not believe it very likely that a placenta of six to eight months will often be separated from the uterus with no rupture of any of the coteleydons, hence more or less foetal hemorrhage occurs.

Differential diagnosis. The hemorrhage from beginning labor is accompanied with pain and is co-existent with it. The hemorrhage of accidental separation is more of a dribbling character and usually follows some jar as from stepping off a higher to a lower plane unexpectedly.

In neither of the above conditions are the local signs of placenta praevia present. Purpura hemorrhagica may be diagnosed by its own symptoms present and by the results of treatment. Albuminuria sometimes causes hemorrhage; in any case the urine should be examined.

The time of gestation will aid us in deciding whether we have a marginal or central praevia to deal with; in the former the hemorrhage shows from 30th to 32d week or later, while in the latter it begins at 26th to 28th week, or much earlier.

Prognosis for the mother. Until comparatively a short time ago the mortality was about 40 per cent., even so lately as 1900 Fournier([10]) said the mortality was from 25 to 40 per cent. Such a mortality, however ,cannot be said to exist today. Schauta([11]) in 234 cases only lost 6.8 per cent. DeLee([12]) reports twenty-five cases without a single death. Fry([13]) reports fourteen cases and not a death. I have three cases and no death. Under the present management of cases I believe 6 per cent. should be the limit of maternal deaths, and I expect to see it reduced much below that.

Prognosis for the child. Under the very best management the foetal mortality will hardly be less than 60 per cent. Schuta (loc. cit) in 234 cases, had a foetal mortality of 70 per cent. Probably half those born living die shortly after birth from lack of development.

Treatment. This may be divided into (a) before, and (b) after viability of the child.

(a) Hemorrhage before viability is very rarely serious and as a rule we may carry the woman to the end of the seventh month, but hemorrhage beginning before the end of the sixth month should make us look very closely for placenta praevia centralis.

Absolute rest in bed is essential. Uterine sedatives, as Viburnum Prun. and Piscidia Erythrina should be given to quiet uterine action and choride of calcium to increase the coagulability of the blood. The bowels should be kept very loose, but active purgatives should be avoided. The diet should be easily digested, but the woman's strength must be preserved, hence it should be very nutritious. Should it become evident that we have a central praevia to deal with, or should the hemorrhages by their frequent recurrences or their profuseness endanger the woman's life I believe it is our duty to induce labor at once. Hirst(') had a case in which the hemorrhage began at the second month and at the fifth he had to induce labor. A similar experience has forever converted me to the belief that oft-repeated hemorrhages mean certain death to the foetus and extreme danger to the mother and I do not believe we should allow the scant possibility of delivering a greatly enfeebled seven months babe cause us to endanger the life of the mother to that extent.

Case 1. Mrs.. K., aet 25, iii Para, at 3 1-2 months had a slight "show," which was supposed to be a sign of threatened abortion. I advised rest in bed and that with appropriate remedies relieved her. After a week or so the hemorrhage was renewed—not seriously, but more than at first; again rest, etc., ordered. This was repeated several times until I became convinced I had placenta praevia to deal with and nine chances to one it was centrally located. I advised the parents of the danger, but as they were extremely anxious that she be carried to viability, I undertook to do so. I succeeded in carrying her to six and a half months, when she was almost carried off by hemorrhage. The child presented cross, but was so small and poorly developed and the uterus so relaxed from hemorrhage that it was no trouble to deliver; needless to say it was dead. The mother recovered, but her life hung in the balance for days and it was months before she fully recovered from the extreme anaemia. The worst hemorrhage she had was after complete delivery, for the hemorrhage was fairly well controlled by the oncoming child after the first severe attack. We should remember always that the lower zone of the uterus contracts but poorly and open sinuses are now likely to give us trouble in placenta praevia after completion of labor than in normally placid placentae. I would have done my duty to my patient much better had I induced labor when it became certain that it was placenta praevia that I was dealing with.

(b) After viability. In a case that we have been watching, when the end of the seventh is come I believe we will best do our duty to both mother and child, to induce labor at once; our aim is to save

both if possible, but save the mother! and remember it is only in cases in which the first hemorrhage has been so slight, and so near the end of the seventh month as to reduce the danger to the minimum that I would countenance delay for the shortest time.

Grandin and Jarman([14]) sum up thus: "The risk to the woman increases progressively to term after the first hemorrhage. On the occurrence of this hemorrhage (in the majority of cases, Coston) 'the child is viable, renewed hemorrhage simply risks viability. The interests of the child therefore are not subserved by expectancy. Those of the mother are actually imperiled.'"

Hirst([7]) says: "Gestation should be terminated at the seventh month or any time thereafter that diagnosis is established."

To induce labor and at the same time protect both mother and foetus I believe the gauze tampon is the best means we have at our disposal. The tamponing is no simple matter, but requires skill, patience and yards of gauze. A Sims speculum is better for this purpose. The os uteri is usually quite soft and with the finger inserted into the os we should peel off the placenta as far around the os as we can reach; carry a strip of aseptic gauze into the cervix and pack it tightly and continue this packing process to the vulva. I do not mean by the word "packing" to simply crowd a few strips of gauze into the vagina, but a careful painstaking tamponade so tight that it is impossible for a drop of blood to perculate through it. Thus applied it has a tripple action. First, checks or prevents hemorrhage; second, stimulates uterine contraction which (5d) causes dilatation. The gauze may be either iodoform or carbonized or creolin or boric acid—it matters very little the kind of antiseptic with which it is saturated, but I prefer to not use iodoform if one of the others is at hand. Bichloride should not be used because of the danger of mercurial poisoning from absorption. The tampon should remain in place from twelve to thirty-six hours or according to the character of pains present or induced. When it is evident from the character of the pains that the os is fully dilated the tampon may be removed and if it is a polar presentation the membranes at once rupture when the presenting part will act as a perfect tampon. If need be the forceps may be applied, or in a breech case a leg pulled down, and the labor hastened. In a cross case version should be performed at time the membranes are ruptured. Remember to give a dose of ergot before the child is born, because the succulent lower pole of the uterus will contract but poorly and you may lose your patient from post partum hemorrhage. In cases of central praevia it may be necessary to go through, or tear off a portion, of the obstructing placenta. Stan-

ton([15]) went through the placenta and saved two children. In the following case it was easier to tear away a portion than to perforate the placenta and the condition of the mother demanded rapid work.

Case 2. Mrs. S., aet 39. Thirteenth pregnancy; seven months pregnant, was called by Dr. C. to see the case. She had been having slight hemorrhages since two and a half months pregnant. I found the os widely dilated, the placenta projecting entirely across it from the left side; she was almost exsanguinated. The doctor had used ergot hypodermatically and per orem, but the pains had no force as she had bled too nearly to death. I rapidly tore away the right half of the placenta and quickly adjusting the forceps, delivered a living but almost bloodless child which died within a few hours. The mother slowly recovered. Had she been tamponed twelve hours before I saw her she would have given birth to a viable child with far less danger to herself. Called to such cases after the labor is well advanced one must act according to the conditions present and occasionally we may have to be stubborn—even rude—to save the patient.

In the foregoing case it was only by threatening to leave the old gentleman in charge of the case alone with her if he did not allow me to use the forceps that I obtained his consent to do so. Sixty years ago Ramsbotham wrote:([10]) "The life of the woman depends upon the presence of mind, knowledge and skill of the physician." I think as much depends upon the presence of mind as upon knowledge or skill for neither is useful with only a scared doctor present to use it.

Twin cases are more dangerous than single cases because of the greater uterine expansion and correspondingly lessened uterine contractility.

Case 3. Mrs. W., aet 29, iii Para. Called by Drs. C. and D. Woman 6 1-2 months pregnant; first hemorrhage three weeks ago; at my visit she had just had a very alarming hemorrhage, the mattress was wet through; placenta easily palpable through the relaxed os uteri. I pleaded tamponade, but was overruled "because it would induce labor and it only wanted two weeks to foetal viability." I withdrew from the case. She was ordered opium and rest in bed. One week later she almost bled to death before anything could be done for her. She was delivered of twins both dead. Mother slowly recovered.

We may consider the various other methods—hot injections, introduction of bougies, the various kinds of bags of which Barnes' is the prototype, instrumental and manual dilatation. Of all these means rapid manual dilatation is possibly the best. If compelled to

make use of rapid dilatation I should prefer to use my fingers rather than an insensate steel instrument. The os is usually soft and easily dilated and I think the woman would be in less danger of severe accident from my fingers than any other dilator. However, I think it bad practice to pursue for the woman would most likely die during the operation from loss of blood. If she recovers the after effects of rapid forcible dilation are often serious and frequently leave the woman a pelvic invalid. I have seen the cervix so deeply lacerated as to rupture the circular artery thus causing serious arterial hemorrhage. This is more likely to occur in the softened tissues of a placenta praevia than in an ordinary case. Bougies and injections of hot water are merely mentioned to be condemned in the presence of a praevia. Barnes' bags and all that class of instruments are only forms of tampons and are open to the objections of uncertainty of action—may slip out or in—and must be changed as the os dilates and are less efficient as tampons than the gauze packing. Therefore I conclude that a close vaginal tampon with well fitting abdominal and T-bandage, allowing nature to do the dilating, is the better procedure.

Whatever method we pursue will require of us that we remain at the bedside. Seventy years ago Guoch said: "In a case of placenta presentation the woman should not be left, for before you have been gone a quarter of an hour the hemorrhage may be renewed profusely."([17]) Even with the vagina closely packed we should be away from her but a few minutes at a time. The pulse and respiration, the face, the general expression should all be closely watched for signs of concealed hemorrhage. We must combat acute anaemia and syncope by prophaylactic hypodermics of strychnia, by lowering the head, bandaging the extremities, by the free use of salt solution per rectum or by hypodermoclysis, digitaline by the hypodermic method is very useful. Ammonia, whiskey or ether should be given with a free hand.

Caesarean section. This operation is valuable in placenta praevia, but only in a very restricted field. The good results of elective caesarean section must not be used as an argument for caesarean section in placenta praevia. The conditions as regards both mother and child are entirely different. The baby is very poorly developed and the chances of its living are sorry while the mother is exhausted from previous loss of blood. Schauta of Vienna, says: "I believe that, even by applying caesarean section to cases of placenta praevia centralis, we shall not obtain better results in regard to the foetal mortality than with our commonly practical method." This opinion is endorsed in toto by Ayers.([18])

In a primipara with a closely contracted os uteri, or an elongated cervix and a central pracvia, or any form of tumor, or any pelvic contraction which would seriously delay labor; and the child viable; and the hemorrhage had not been exhaustive in quantity I would advise caesarean section.

In any case detected and the diagnosis positively made before any hemorrhage has occurred and when there is no doubt of the viability of the child, I believe it is our duty to lay the matter before the mother, explain the dangers, both ways, and let her choose what shall be done. In such a case, if she left the matter to me, I would do caesarean section provided the parents were free from disease or degeneracy and the pregnancy had advanced sufficiently to be sure of a child that could be reared.

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# Selected Articles.

## A CASE OF MULTIPLE LIPOMA.

By C. F. Barber, M.D.

Surgeon Kings County Hospital, etc.

Lipoma, per se, is not of sufficient interest to the surgeon to cause him either anxiety so far as results are concerned or a second thought as to diagnosis.

It is, in fact, a common form if benign tumor of a fatty composition, occurring within many of the organs of the body but found, most frequently, encapsulated just beneath the skin. In size it varies from an almost imperceptible growth to a tumor reaching one hundred pounds in weight.

It usually occurs singly, now and then in groups, but rarely in great numbers. It is, therefore, owing to the preponderance in numbers of this form of neoplasm in this individual case that I present it for record.

G. A.; a well nourished man of about fifty-five years presented himself for examination some 10 years ago with a number of fatty tumors upon his arm and lower extremities. I then advised their removal but for some reason of his own the matter was dropped until this July when he called again for advice. The visit was occasioned by the pain produced by the pressure of the tumors upon the nerves of the arm; one of the lipomata having assumed a sufficient size to encroach upon the nerves at the wrist. His hideous appearance when undressed caused him no little annoyance. How much he had changed since my first visit I am unable to record but at this examination I was amazed to find the number of growths that could crowd themselves upon the extremities. Both arms and forearms to wrists were so nodulated by small and large lipoma that the interspaces where the normal contour of the arm was preserved seemed like atrophied areas. His lower extremities from waist to knees were in the same condition.

I have frequently seen these growths upon the back, shoulders or buttocks, but in this case none existed in any of these localities.

To sterilize him for operation practically meant a general bath in green soap and antiseptics.

Under general anesthesia about 80 (counted 82) fatty tumors were removed. Forty-seven incisions were necessary for their re-

moval. The tumors varied in size from a cherry to a swelling six inches in diameter. The one requiring the greatest care for its removal was located in the right groin, lying partly upon the femoral vein and artery, its lobes reaching under the vessels. The time required for the removal was two and one-half hours. I am pleased to add, although the incisions were numerous, not a drop of pus was found at a dressing and primary union rewarded our labors. Had I not had the able assistance of Drs. Maddren and Woolsey in closing the wounds I should not have been able to have finished the operation within four hours.

The patient was out of bed in five days and attending to business in ten days. Strange as it may seem little or no inconvenience was experienced by the patient although it seemed as though every move drew upon some of the incisions.

Suture materials of all kinds were used, silk, catgut, silk wormgut; as we exhausted the supply of one, the remaining kinds would have to be brought into service. The result is satisfactory proof of the sterilized condition of the materials.

The case is rather unique, and it is for that reason that I inflict it upon the readers of the Journal.—Brooklyn Medical Journal.

## PRELIMINARY QUARANTINE,

Elsewhere in this issue is a communication from a correspondent containing a suggestion that, simple as it appears to be, seems worthy of attention. We all know the difficulties of diagnosis in the beginning of many infectious diseases. Diphtheria and scarlet fever are often hardly distinguishable from other conditions that are comparatively innocuous and that do not require any notification. The difficulty of diagnosing smallpox in its early stages is well known. Typhoid fever is often difficult to recognize in its incipiency. Nevertheless, it is not always possible to say when the danger of infection from these diseases begins, and the earliest warnings that can be given are advisable. The inconvenience, to say the least, of quarantining a house is such that it is advisable, where practicable, to be sure it is necessary before inflicting a home with a quarantine card. Our correspondent suggests, in cases in which there is a reasonable suspicion of a contagious disease, but in which the exact type is not yet ascertainable, that simply a notice of an infectious disease without any specification as to its nature be posted. While the idea is not a new one, having been carried out in some places, it is worth wider attention than it has received. We would amend our correspondent's suggestion by advising a card reading, "Quarantine, Prob-

ably Infectious Disease Here," to avoid the absolute declaration of infection until the diagnosis is sure. When the true nature of the disease is ascertained the attending physician could remove the card, and replace it with the one called for by the disease, or remove all quarantine if the disease proved to be non-infectious. Proably more hard feelings arise among physicians over the diagnosis of suspected cases of contagious and infectious diseases than over any other cause. If a preliminary quarantine notice would materially lessen this—and it seems that it would—here is one strong argument in favor of the measure. In some cities a card is used reading: "Quarantine" —in large letters—"Contagious Disease Here"—in smaller letters —thus suggesting that quarantine is the principal fact for notice and that it is not necessary to publish abroad details as to which particular type of contagion is represented. This would exclude the trespasser who boldly approaches a house labeled with a disease from which he has already suffered and of which he consequently has little fear, regardless of the danger of his example or of carrying the germs elsewhere. Such a card might be used for all quarantine and the exact diagnosis left to the attending physician. If a preliminary quarantine card is used, the public will be further educated on the important fact that certain diseases can not be distinguished in their incipiency.—Journal Amer. Med. Assn.

## IMPROVED METHODS OF ANALGESIA.

Arthur E. J. Barker, F. R. C. S., Eng. (Lancet, July 25, 1903), says he has employed local analgesia for surgical operations of considerable magnitude during the past five or six years, and has little doubt of its future when the principles which underlie it are well understood. The dangers associated with the infection of cocain appear to make it unsuitable for local analgesia in the larger and longer surgical operations. Prof. Barker has abandoned it in favor of beta-eucain, which is less dangerous and gives the most satisfactory results.

The great difficulty with local analgesia in extensive operations has been the inability to render the whole field analgesic, though up to three grains of beta-eucain (100 ccm. of a 2-000 solution) may be injected, as ordinarily the effects of the injections pass off in about twenty minutes. Having recognised this and other drawbacks, he was very much interested in Dr. Braun's observations on a method of overcoming them by the combined use of beta-eucain with adrenalin. He has since used this method with great satisfaction. It is based on an old experience that anything which retards or diminishes the

circulation of the blood in a part infiltrated with an analgesic, enhances the potency of the latter.

Prof. Barker prepares his analgesic solution as follows: 3 grains of beta-eucain and 12 grains of pure sodium chloride are added to 3 1-2 fl. ozs. of boiling distilled water, and 16 drops of a 1-1000 solution of adrenalin chloride are poured into the fluid after it has cooled. This makes a normal saline solution containing 2-1000 eucain and 1-100,000 adrenalin chloride. The whole quantity could, within the limits of safety, be injected into a patinet at one sitting; but Barker has found that an extensive operation can be done with about one-half of it.

The author then describes the radical cure of an inguinal hernia. Due regard must be taken of the position and course of the nerves supplying the structures to be dealt with, and in injecting around or into the nerves the aim should be to make each area of diffusion overlap the preceding one. Of course what is possible in the groin, which is proverbially sensitive, ought to be equally so in other parts.

Barker never observed secondary hemorrhage following the use of the method. He used it in 34 cases, which included 10 operations for radical cure of hernia, 5 cases of strangulated hernia, 2 castrations for tuberculous testis, 5 cases of varicose veins, 6 cases of psoas abscess, 1 case of loose body in the knee, 1 case of tumor of the neck (actinomycosis), 1 colotomy, 1 of Thiersch skin grafting, and 2 cystic adenoma of thyroid. The analgesia was always satisfactory and far exceeded in completeness and comfort all other procedures. Care must be taken to see that the adrenalin solution has not become inert by exposure to air or contamination with an alkali.—Buffalo Md. Journal.

## WOMAN PHYSICIANS IN ALGERIA.

A Paris dispatch to the London Times says that the Algerian Government has entered upon the interesting experiment of providing native women, who are prevented by their social customs from going to ordinary doctors, with free consultations by qualified medical women. The French colony is thus following the example set by Lord Dufferin in India in organizing a medical service for the zenanas, and by Austria-Hungary in Bosnia and Herzegovina. In each village where the Mussulman population is sufficiently large the government proposes to establish a woman practitioner, providing her with the necessary medicines and instruments, and giving her a salary proportionate to her work. Applicants for these positions must be provided with diplomas either as doctors in medicine or officers of health.—Am. Med.

# Editorial.

*JNO. C. LeGRANDE, M. D.,.....Editor and Prop*

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## The Sixteenth Volume.

With this issue we begin the publication of the 16th volume of the Alabama Medical Journal. It is with a personal pride that the Editor announces to his friends, both subscribers and advertisers, that the year 1903 has been the most prosperous and successful year in the history of the Journal. We shall continue to put into the Journal our very best efforts, with the hope that the year 1904 will be still more successful than has been the previous year.

It is unnecessary for us to reiterate the position which we occupy as to the policy of the Journal. We believe that our readers and

the medical profession of this country are so familiar with our policy that it is unnecessary for us to take up space in making any statement on this line. We shall continue, however, to support as best we can every interest of the State Medical Association, as well as the best interest of the several county societies in the State.

As heretofore we shall not hesitate to express opinions with reference to any irregularities in the profession, and in every way possible will give our efforts in maintaining a high ethical standard in the profession. It is a well known fact that quacks and charletans find no quarter in this Journal. It is however, expedient at times to give no notice of certain forms of quackery, and in these instances we shall use our discretion. The gradual and steady growth and advancement of the medical profession in Alabama is cause for congratulations, and while there have been attacks made upon our organizations and upon legitimate medicine, yet we look with a fixed confidence to the future, and believe that year by year the medical profession will continue to gain in favor with the people, and that as a result their efforts and work will be appreciated.

We are very grateful to the members of the medical profession who have so liberally contributed to the Journal, and we appreciate the co-operation and support which have been so cordially given the Journal in the years of the past. Our subscribers have shown their appreciation by their remittance and words of encouragement.

We now ask that all who are due anything to the Journal will send us remittance for same, and renew for the year 1904, and we wish for every doctor in Alabama a happy Christmas and a prosperous and successful New Year.

## Southern Surgical and Gynecological Association.

Preliminary program of the Sixteenth Session of the Southern Surgical and Gynecological Association to be held at the New Piedmont Hotel, Atlanta, Ga., Tuesday, Wednesday and Thursday, Dec. 15, 16 and 17, 1903.

Dr. Willis F. Westmoreland,
Chairman Committee of Arrangements.

1. Presidential Address, by Dr. J. W. Bovee, Washington.
2. Memorial Address on Dr. W. E. B. Davis, by Dr. Richard Douglas, Nashville.
3. A Study of the Prostate and Treatment of Obstructive Hypertrophy, by Dr. G. Wiley Broome, St. Louis.
4. Surgical Intervention in Congenital Cystic Kidneys, by Dr. W. G. McDonald, Albany.

5. Significance and Management of Paralysis of the Bowel, by Dr. Geo. S. Brown, Birmingham.

6. The Pneumatic Rubber Suit as a Means of Controlling the Blood Pressure, with a Demonstration of the Apparatus, by Dr. Geo. W. Crile, Cleveland.

7. (a) Edematous Encephalitis: A study of the Conditions Found in Operation for Cerebral Epilepsy and Allied Conditions. (b) A new Device and Method for Intestinal Anastomosis by Dr. W. P. Carr, Washington.

8. The Recognition and Treatment of Congenital Misplacements of the Hip in Infancy, by Dr. A. H. Freiberg, Cincinnati.

9. Fracture—Dislocation of the Spine, by Dr. J. Shelton Horsley, Richmond.

10. Neoplasms, Wherever Situated, Should, If Possible, Be removed, Whatever Their Apparent Nature, by M. H. Richardson, Boston.

11. Operative Treatment of Cancer of the Liver—with Report of Case, by Dr. Jos. Ransohoff, Cincinnati.

12. Intestinal Cancer, by Dr. J. Garland Sherrill, Louisville.

13. The Early Diagnosis of Cancer of the Uterus, by F. F. Simpson, Pittsburg.

14. Case of Carcinoma of the Rectum with Excision by Combined Perineal and Abdominal Route, with Exhibition of Specimen, by Dr. J. Horace Whitacre, Cincinnati.

15. Differential Diagnosis of Epithelioma and Syphilis of the Uulva, by Dr. Barton Cooke Hirst, Philadelphia.

16. Spurious Dysmenorrhea: An Appeal for a More Rational Treatment, by Dr. Henry T. Byford, Chicago.

17. Tuberculosis of the Uterus, by Dr. Chas. M. Reese, Charleston.

18. Surgery of Urinary Tuberculosis in Women, by Dr. Guy L. Hunner, Baltimore.

19. Surgery Without Ligatures, by Dr. A. J. Downes, Philadelphia.

20. Further Experience with the Use of the Downes Electro-Thermic Clamp in the Treatment of Cancer of the Uterus, by Dr. Chas. P. Noble, Philadelphia.

21. Should We Not Do Myomectomy Rather Than Hysterectomy, if Possible, While Operating for Uterine Fibromyomata, and Shall We Not Leave Healthy Ovaries When We Do a Hysterectomy? by Dr. C. C. Frederick, Buffalo.

22. Ectopic Gestation at Term, with Illustration, by Dr. Chas. A. L. Reed, Cincinnati.

23. On the Practical Progress we have made in Pelvic and Abdominal Surgery, by Dr. Joseph Price, Philadelphia.

24. Pus Collections in the Pelvis, by Dr. C. U. Chivigny, New Orleans.

25. Technic of Operations by the Vagnial Method, by Dr. J. Riddle Goffe, New York.

26. (a) Tubercular Ostitis of the Knee-Joint, (b) An Exhibition of a Plaster-of-Paris Bandage Roller, by Dr. A. R. Sands, Washington.

27. Arthroplasty, by Dr. J. G. Murphy, Chicago.

28. Seven Cases of Amputation of the Hip-joint, Without Mortality, by W. B. Coley, New York.

29. Excision of Psoas Magnus Muscle for Sarcoma, by Dr. Geo. H. Noble, Atlanta.

30. Appendicitis, by Dr. J. M. Baldy, Philadelphia.

31. Post-Peritoneal Infection Following Appendicitis, by Dr. I. S. Stone, Washington.

32. Notes on the Short Incision in Appendicitis Work, by Dr. Robt. T. Morris, New York.

33. The Surgical Physiology of the Lymphatic System, by Dr. C. H. Mayo, Rochester.

34. Septic Thrombosis of the Femoral Vein following Influenza; Report of Case, by Dr. Dyer F. Talley, Birmingham.

35. Gun-Shot Wounds of the Lung, by Dr. W. C. Borden, U. S. Army.

36. Five Recent Successful Laparotomies for Gun-Shot Wounds of Abdominal Viscera, Including one with 28 Perforations of Intestine and Mesentery, by Dr. Robt. W. Johnson, Baltimore.

37. Atypical Cases: (1) Diptheria of the Genitalia during the Puerperium. (2) Rupture of the Small Intestine. (3) Strangulated Inguinal Hernia Containing the Uterus and Fallopian Tubes in an Infant, by Dr. J. W. Long, Greensboro.

38. Gall Stones, by Dr. Mack Rogers, Birmingham.

39. Vaginal Cystotomy for Stone in the Bladder, by Dr. Chas. R. Robins, Richmond.

40. Remarks on the Treatment of Abortion, with Prophylaxis in Special Cases, by Dr. Thad. A. Reamy, Cincinnati.

41. Free Growths in the Tunica Vaginalis, by Dr. E. A. Balloch, Washington.

42. Complications to be met in the Surgical Treatment of the Testicle, by Dr. J. McF. Gaston, Jr., Atlanta.

43. Fractures at the Elbow, by J. B. Murfree, Murfreesboro.

44. Inguinal Hernia, by Dr. W. F. Westmoreland, Atlanta.

45. The Regulation of the Length of Exposure and the Distance from the Tube in X-Ray Therapy, by Dr. Ennion G. Williams, Richmond.

46. The Surgical Treatment of Acute Pancreatitis, by Dr. W. D. Haggard, Nashville.

## The Law of Love in Practice.

Dr. Osler in an address delivered before the medical students at Toronto makes some very timely remarks, which may be read with profit by the medical profession. The synopsis of the points brought out is as follows:

"And the third great lesson you may learn is the hardest of all—that the law of the higher life is only fulfilled by love or charity. Many a physician whose daily work is a daily round of beneficence will say hard things and will think hard thoughts of a colleague. No sin will so easily beset you as uncharitableness towards your brother practitioner. So strong is the personal element in the practice of medicine, and so many are wagging tongues in every parish that evil-speaking, lying, and slandering find a shining mark in the lapses and mistakes which are inevitable in our work. There is no reason for discord and disagreement, and the only way to avoid trouble is to have two plain rules: From the day you begin practice never, under any circumstances, listen to a tale told to the detriment of a brother practitioner. And when any dispute or trouble does arise, go frankly, ere sunset, and talk the matter over, in which way you may gain a brother and a friend. Very easy to carry out, you may think! Far from it; there is no harder battle to fight. Theoretically, there seems to be no difficulty, but when the concrete wound is rankling, and after Mrs. Jones has rubbed in the cayenne pepper by declaring that Dr. J. told her in confidence of your shocking bungling, your attitude of mind is that you would rather see him in purgatory than make advances towards reconciliation. Wait until the day of your trial comes, and then remember my words.

## SOME RESULTS OF THE SANITARIUM TREATMENT OF TUBERCULOSIS.

At the International Conference on Hygiene held at Brussels in the early part of September this year, several important aspects of the utility of special hospitals for tuberculosis as affecting the public health of a community in which they are situated, were emphasized.

Dr. Newsholm, medical health officer for Brighton, one of the speakers, described the causes to which he attributes the greatly lessened mortality from tuberculosis in England, where of late years the death-rate from this disease has been reduced fifty per cent.

Among the causes to be considered are the general sanitary improvements, which have aided in raising the general standard of health. The cheaper price of food, which goes hand in hand with a lower death-rate, is likewise indirectly an important factor. The intimate relationship between the high price of wheat and mortality from consumption is, of course, traceable to a lowered standard of health, which an insufficiency of food entails. Poverty and tuberculosis are close companions, poverty not only furnishing the appropriate soil, but "also increasing the closeness of contact of the frequency of opportunities of infection." Beyond all other measures in the reduction of mortality from tuberculosis, he regards as most active the numerous special hospitals for tuberculosis which have been established in England. Two factors are especially operative as a result of their establishment. The first of these is that among those who die during treatment in hospitals, the period during which they are most dangerous as the sources of infection to their families and others is passed in surroundings where measures to prevent infection to others are constantly employed.

The other direction in which hospital treatment is of special value in the reduction of mortality, is in the case of those who recover or partly recover during hospital treatment. These are discharged sufficiently benefited to return to work, and in addition, while in the hospital, have received sufficient instruction concerning the disposition of their sputa to become much less frequently the cause of contagion to others than before their admission.

The educational feature of sanitarium treatment for consumptives is one of the strongest claims in favor of the establishment of such special hospitals; and the fact that more than one observer has been led to believe that patients, after their discharge, even though not cured, are much less dangerous to their families and fellow-workmen, is certainly worthy of municipal consideration.

Sanitaria have also an undoubted advantage for the poor over climatic treatment, in that it is ordinarily much easier for individuals of this class to leave their work for a month or two for hospital treatment than for the more protracted periods which removal from their homes to more favored climates entails.—Brooklyn Medical Journal.

## Miscellaneous Notes.

A large, hopeful, cheerful heart is a far better thing than a fortune.—Ex.

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$2 a year for the Alabama Medical Journal. We would be glad if every doctor in Alabama would send us the $2 for 1904.

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Do not make the outside worse or better than the inside, because people see the outside first, and disappointments are unpleasant.—Ex.

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Medicine as a profession for women is growing in popularity in London. Women now holding medical degrees in Great Britain number more than 500.—Ex.

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This earth is an atom of Creation, and we are the atoms of one atom; and yet a man thinks Providence has gone all wrong if he happens to lack a dinner.

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Drs. Brown & McLester will give an informal reception at their Infirmary on 19th Street, on the evening of the 14th to the members of the Jefferson County Medical Society. The reception will take place immediately after the meeting of the Society.

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Brown—What does your friend do for a living?
Black—He follows the medical profession.
Brown—Oh! I wasn't aware that he was a doctor.
Black—He isn't. He's an undertaker.—Pearson's Weekly.

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The Mississippi Valley Medical Society elected the following officers for 1903-04: Dr. Hugh T. Patrick, Chicago, Ill., president;Dr. Bransford Lewis, St. Louis, first vice-president; Dr. G. W. Cale, St. Louis, second vice-president; Dr. H. E. Tuley, Louisville, Ky., secretary; Dr. S. C. Stanton, Chicago, assistant secretary; Dr. T. H. Stucky, Louisville, treasurer.

The executive board will consist of the presidents of the past. The place for next year's meeting will be announced later by a special committee.

## GLYCO-HEROIN (SMITH) COMPARED WITH CODEINE AND MORPHINE.

Aside from the after-effects of Morphine, such as nausea, general lassitude, vomiting and vertigo, it has the disadvantage that the patient becomes readily addicted to it and chronic morphinomania occurs, especially in neurosic persons.

Codeine in its physiologic action resembles narcotine, though the narcotic stage is not so much pronounced. When administered in small doses intestinal peristalsis is promoted, while in large doses it produces diarrhoea in consequence of complete relaxation of the intestinal muscles, owing to paralysis of the nerve-centers governing the intestines.

The sedative action of Codeine is unreliable.

Expectoration is not promoted by Morphine or Codine, while Glyco Heroin (Smith) acts as a stimulant to the respiratory center and stagnation of the secretions is excluded.

Comparative doses of Glyco-Heroin (Smith) and Codeine shows the latter to produce nausea, vomiting and vertigo, while these symptoms are absent during the administration of Glyco-Heroin (Smith).

Unlike Morphine preparations, Glyco-Heroin (Smith) does not constipate.

Glyco-Heroin (Smith), as a Respiratory Sedative is decidedly superior to the preparations of opium, morphine, codeine and other narcoties, as it is devoid of the toxic or depressing effects, which characterize the latter, when given in doses sufficient to reduce the reflex irritability of the bronchial, trachael and laryngeal mucous membranes.

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## IT IS A BAD HABIT.

To whip up the waning physiologic functions of elderly people with strychnine or alcohol; after a short time the deleterious reaction is more certain than the primary stimulation. These patients need help of character not furnished by a powerful stimulant—their functions need gentle reinforcement and, experience proves, the best agent for this purpose is Gray's Glycerine Tonic.

The atonic digestive disturbances almost constantly present in old age are promptly overcome by the use of Gray's Tonic. It stimulates the enfeebled digestive glands to secrete abundant supply of gastric juice. This in turn, assists the assimilation of food and improves the general nutrition. Then too, these patients feel better because the remedy acts as a prop to the entire system; they are less languid, are not so easily fatigued upon exertion and are mentally more alert.

Many physicians report that the routine employment of Gray's Tonic in those patients in whom are present the signs and symptoms of old age, imparts a degree of comfort and well-being, free from after-effects, not obtainable from any other medication; one physician states "it p icks them up and holds them together."

Another strong reason for the use of Gray's Tonic in elderly people is that it wards off the tendency to inflammations of the respiratory organs; this fact has been noted and commented upon for many years past and is doubtless due to the fortifying action of the remedy upon the general constitution and its specific influence upon the respiratory tract.

Experience shows that it is good practice to administer Gray's Tonic to all patients in whom are noticeable the symptoms due to advancing years. The absolute freedom of the remedy from depressing or other detrimental reaction makes it the safest and most preferable means of combating the exhaustion and enfeeblement of age.

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HIS BABY BROTHER.

Yes, I've got a little brother,
Never asked to have him, nuther,
But he's here.
They just went away and brought him,
And last week the doctor brought him,
Weren't that queer?
When I heard the news from Molly,
Why, I thought at first 'twas jolly,
'Cause you see,
I s'posed I could go and get him
And then, Mamma, course, would let him
Play with me.
But when I had once looked at him,
"Why," I says, "Great snakes, is that him?
Just that mite!"
They said, "Yes" and "Ain't he cunnin'?"
And I thought they must be funnin'—
He's a sight!
He's so small, it's just amazin',
And you'd think that he was blazin',
He's so red.
And his nose is like a berry,
And he's bald as Uncle Jerry
On his head.
Why, he isn't worth a brick,
All he does is cry and kick,

He can't stop;
Won't sit up, you can't arrange him,
Think they ought to change him
At the shop.
Now we've got to dress and feed him,
And we didn't really need him
More'n a frog.
Why'd they buy a baby brother
When they know I'd good deal ruther
Have a dog?

—Kansas Farmer.

## Correspondence.

The Alabama Medical Journal, Birmingham, Ala.:

Gentlemen: On Nov. 18th and 19th the physicians of Central Alabama met at Selma, on the invitation of the Dallas County Medical Association. The object of this meeting was a discussion of medical and scientific subjects in order to enable the doctors of this section to become better acquainted with each other.

The attendance was very good, indeed, about fifty visitors being present. The meeting was opened with prayer by Rev. O. A. Little of this city. Mayor V. B. Atkins delivered an address of welcome on behalf of the city of Selma, followed by an address of welcome in behalf of the Dallas County Medical Society by Dr. B. B. Rogan, president. At the afternoon session Dr. M. B. Cameron, President of State Medical Association, delivered a most interesting and scholarly address on "The Physician, His Work and His Environments," followed by a very able address on "Medical Organization" by Dr. W. H. Sanders. A number of interesting voluntary papers were read also.

At 10 o'clock Wednesday, an informal smoker and banquet was tendered the visitors at Hotel Albert by the Dallas County Medical Society.

The meeting was called to order Thursday at 9 a. m. Interesting features of the session were papers by Dr. Mack Rodgers of Birmingham, on "Gall Stone Surgery," by Dr. I. S. Watkins of Montgomery, on "Technique of Abdominal Operations," and a paper by Dr. Claude A. Smith of Atlanta.

Quite a number of excellent papers were read by men of Dallas and surrounding counties, but lack of space prevents my detailing them.

All in attendance expressed the opinion that it was a grand success and that much good would result from it.

J. C. Skinner,
Secretary Dallas County Medical Society.

# Abstracts.

## A Medical Meditation.

In this utilitarian age of progress we have almost come to the conclusion that the old saying, "money is the root of all evil" is about four fourths correct. Physicians, just as other men of business, live by means of their own labor and it is therefore necessary for them to combine business methods with the practice of the medical science. Few physicians are there who have money enough to practice their profession simply for the love of science or suffering humanity, but they are flesh and blood just as other individuals, and are expected to pay their bills on the first of the month even if the previous month's practice has been almost entirely for charity. They must charge for their labors if they expect to live. And yet on the other hand the physician who has no love for his profession nor any desire to aid in its advancement, and who only practices it for the dollars and cents it can give him, is totally unfit to be recognized as the "true physician." We have no patience with those men who say that they practice only for the living they can get out of it. We believe that there is one attribute which should be possessed by every physician, and that is honesty. It is the one attribute which distinguishes the true physician from the quack, and enables him to have the full confidence of the community in which he lives. By the term honesty, we do not mean it in the criminal sense of stealing, but in its bearing towards ourselves and the patients we treat. Not only does a patient consult the physician because he believes him to have the necessary medical qualifications to give him professional advice, but also because he believes him to be honest in all his dealings. Too often, we are sorry to say, physicians dispense their medical knowledge and advice from a purely mercenary standpoint.

Let us illustrate: A patient consults a physician because of some imaginary ailment he believes to exist. He has read in the newspapers some quack advertisement describing various symptoms(?) of some disease, and like the large majority of humanity he finds there described just the very trouble with which he is afflicted. Probably all he needs is a straightforward, honest statement from the physician after a careful examination, that there is nothing the matter. In many cases this is all the treatment needed. But how often are there physicians who will humor such an individual into

thinking that there is some real trouble, and who will cause him to run up a big medical bill, only in time to find himself no better and irreparably stamped with the "consulting-doctor-habit."

Take, for instance, an individual who imagines he has chronic dyspepsia, or catarrh of the stomach, that disease so prevalent in the columns of our daily newspapers.

Such are indeed a savory meal for the quack and for those physicians whose especial delight is to write prescriptions and thus keep filled the medicine closet at home. Do not understand us to mean that there are no real patients suffering with such complaints needing the proper medical attention. Far from it, but what we do mean is that there are many individuals who need less doctors and more hygiene.

Take another illustration. Almost nine-tenths of the human race imagine that they have catarrh of the nose or throat, and consequently they become victims of the "spray habit" either at home or at the office of some specialist. We have heard of individuals in this city, and they seem to be increasing every year, who are daily in attendance at the specialist's office for no other purpose than to be "sprayed out" at so much per spray, and we are told that there are some who go habitually as often as two, or even three times daily for such applications! When such a habit has become as firmly fixed as this, there is but one conclusion to reach and that is such individuals are becoming cocain fiends. The law takes firm hold upon drug stores which dispense "dope" to negroes, but there should be some law to stop the cocain habit by means of sprays. Show us an individual who has been the victim of the "spray habit" for months and we will show you a nose whose mucous membrane will be diseased if the habit is not stopped. It is very money-making to slam the door and say "next" to the waiting throng of sniffers, but as honest physicians we should enlighten the public against such wholesale destruction. In matters medical the public must be educated by the physicians, and such education will alone keep from our homes wide-spread pestilence and disease. It will not do for physicians to allow a mercenary spirit to insinuate itself in the practice of medicine. Make reasonable and just charges for professional work done, but do not let the idea of an extra dollar keep you from telling the patient the truth and doing for him only that which is actually necessary. The physician who would operate upon a patient simply for the fee when he knows absolutely that no benefit will result from the same is guilty of perjury. The patient is at the mercy of his physician, and if there is confidence in his medical adviser he will follow implicitly whatever

directions are given. Let the physician be an honest medical adviser and "do unto others as he would they should do unto him."—R. in Atlanta Medical Journal-Record.

## The Education of Women.

The criticism has often been made that a college education unfits woman for that home-life for which she was intended. Whether this criticism is well-founded or not is still subjudice, although some have accepted the dictum without a question. We are told that there are colleges which take into account in their curriculum the home life of their pupils, and we hope there are, but we firmly believe the majority have no such thought.

There has, however, recently been established in Boston an institution made possible by the will of the late John Simmons, where young women may be trained in the preparation of their own homes. In this college household economics is taught in a manner to provide adequate training for the management of one's own home, or even for the care of an institution.

The curriculum affords instruction which will enable its students to manage a menage, under various circumstances, the private family, the public house or the institution. All will admit, we think, that this is a great step in advance for our girls.

It is not intended, as we understand, that this school shall interfere with the routine of a distinctively literary education, but it is the intention of the teachers to convince and make attractive to their pupils the courses in industrial arts, as related to the problems of life. It is just being realized that it is more necessary to bestow diligence, intelligent practice, and thought upon the subject of household arts, than upon the experiments of the various laboratories of a well-equipped college.

There is, of course, an extensive field open for those who do not require the training for their own homes, in the families of others, and in institutional life. The demand for skilled labor of this class in households and institutions far exceeds the supply, and we are glad to know that it is to become a profession of a high order.

The course of study covers a period of four years, and embraces everything from the chemistry of foods and actual cookery to the study of childhood in all its practical bearings.

Its value is demonstrated by the fact that college graduates, teachers and others who have had practical experience are taking the course. It is said the new college will prepare a young woman for all phases of home life, the intellectual as well as the economic, and already the

other colleges for women are attempting imitation. It is to the disgrace of our colleges for girls that they have not long ago instituted methods similar to those adopted by Simmons' College.

The average girl, when she marries, has no intelligent knowledge of what may be reasonably expected of her, in the establishing of her home, and all that depends upon its suitable maintenance.

Many a husband has been alienated and the home wrecked by the pure ignorance of the wife of those things she should have been taught by others. She is not to blame, but the parents and the places of learning, who should have informed her, must bear the responsibility.

Those in the profession who have had experience in the care of our public hospitals, homes, etc., well know the inefficiency of the members of boards composed of women in respect to the culinary department—the very thing they can reasonably be expected to know about. How can it be supposed that a suitable matron or superintendent can be selected, even if one can be found possessing the requisite knowledge, when those upon whom the selection depends are ignorant of the qualifications necessary in such an office? We have never seen a properly constructed menu in an institution in this city, and many have come under our observation. We will not charge the poor, ignorant matron for what she does not know, but we hope the time is coming when we may have a class of competent women for such positions, and we may have to thank John Simmons for it.—Medical Times, New York.

## The Law and the Doctor.

Opinions of the Attorney General of Illinois.—(1) Only those who are authorized to practice medicine and surgery in all their branches have the right to advertise themselves as "doctors." (2) A smallpox patient must be taken care of by the county in which he falls sick, and medical attendance, care, food and supplies must be supplied at the county's expense, regardless of any rules or provisions made by the county which may conflict with the law. (3) Those who are illegally practicing medicine prior to the passage of the medical practice act of 1899, which act repealed the laws which these practitioners were violating prior to that act, are still practically illegal and are subject to fines and punishments. (4) A town or city has jurisdiction over land lying within one-half mile from its corporate limits for purpose of quarantine, even though this land may lie within another municipality. On this land the municipality may build and maintain smallpox hospitals regardless of the protests of other municipalities, provided that such action shall not interfere

with the action of other such municipalities in carrying out the same quarantine work. (5) While the officers of the law in counties and cities supposed to prosecute violators of the quarantine laws, there is no penalty for those who fail to do so. (6) The expense of registration of births and deaths should be paid by the county treasurer according to the law. The law is valid. (7) Insane asylums need not have registered pharmacists.—Chicago Clinic.

## The X-Rays in the Treatment of Rodent Ulcer.

J. Hall-Edwards declares that in X-ray treatment of rodent ulcer we have already achieved a success which must mark an epoch in the history of therapeutics. These ulcers, as a rule, tend to extend along the course or channel of the exudate. In one of these cases reported by the writer the ulcer had invaded the orbit. The diesase has made no progress during the time (sixteen months) the case has been under treatment, but without surgical interference no cure can be looked for. The condition of the patient is at the present time far more satisfactory than it has been for years. He is practically free from pain, has no hemorrhages, and his general condition is better than for thirty years. A few applications of the rays are given occasionally, no other treatment being adopted. Several cases of rodent ulcer involving the inner canthus have been difficult to heal when the orifice of the lacrymal duct was included in the diseased area on account of the exudate from the ulcer washing over the eyelids and acting as a constant source of irritation. Otherwise, when the duct is not involved the rays have soon cured the disease. In cases of ulcer near the eye, every care should be taken to protect the eye from injury, at the same time the whole organ has been exposed when necessary without fear, with no ill result. In cases of rodent ulcer on the face, treated by x-rays, mask of some kind must be used.—Treatment.

## Eyes of School Children.

The analysis of the examinations made of 200,000 pairs of eyes of the school children of Boston during the past few years gives the following startling results: In the primary department nearly all of the children enter with normal eyes. In the higher grades 25 per cent. have become myopic, while in university life the percentage of myopia reaches 60 to 70 per cent. It will be seen that the short-sightedness increases in direct proportion to the length of time devoted to school work. On the other hand, statistics gathered from 17,245 examinations made in London schools show a serious visual defect

in only 8 per cent. of the boys and 11 ner cent. of the girls, the proportion being about equally maintained throughout the school life. The greatest percentage of defects was always found in the poorer classes. In the Chicago schools 32 ner cent. of the boys and 37 per cent. of the girls have defective vision falling two-thirds below the normal, and this number grows steadily larger from the begin ning to the end of school life.—Chicago Clinic.

## A New Retroflexion Operation.

S. A. Alexandroff suggests anterior approximation of the bases of the broad ligaments for the purpose of elevating the cervix, and by holding backward, throwing the body of the uterus forward. The operation is done as follows: Retractors are placed in the vagina and the cervix is pulled down. A semi-circular incision with the concavity upward is made in the anterior vault, and this flap, together with the bladder, is stripped back as high as possible. A traction suture is placed in the base of each broad ligament 3 to 3 1-2 cm. from the uterus by hooking the finger under the lower edge of the ligament and pulling it forward so that the ligature can be passed through a firm mass of tissue about 1 cm. thick. The uterus is now placed in anterior position by bimanual manipulation, and traction in the cervix stopped. The two traction ligatures are crossed and pulled upon by the assistant so as to bring together in front of the cervix the two portions of the base of the broad ligament they pierce. These two stout strands of tissue are united by sutures which also penetrate the substance of the cervix. The internal os forms the upper limit of the suture. The incision in the fornix is then closed by suture. The author has been able in all cases to correct the prolapse and restore the uterus to its normal position without impairing in any way its motility or causing circulatory or menstrual disturbance. No danger to the ureters is to be apprehended if the operation is done as described.—Centralblatt fur Gynakologie.

## Child Labor in New Jersey.

The laws controlling child labor are admittedly in a very unsatisfactory, not to say disgraceful, condition in many parts of the United States. This matter has been referred to in the Medical Record on several occasions. Pennsylvania, Georgia and South Carolina are among the States which have gained an unsavory reputation for the manner in which the rights of children are neglected. Illinois, which

also possessed an unenviable notoriety for its treatment of young workers, has delivered herself from this reproach by the passage of a most enlightened statute.

Under the heading "Child Labor and Compulsory Education; the Default of Philanthropy," Mrs. Florence Kelly gave an address, on July 11th, before the Summer School in Philanthropic Work. The speaker selected New Jersey as an illustration of the default in philanthropy, with regard to the labor conditions of children, and because it shows the result of unaided endeavor of trade unions to protect children. It appears that New Jersey was the second State in the Union to enact a child labor law, while, at the present time, New Jersey has, according to the census of 1900, 8,042 children under the age of sixteen years engaged in manufacture, ranking in this respect between South Carolina and Georgia. In 1892 New Jersey brought in a law limiting the hours of work for women and minors under eighteen years of age to not more than ten hours a day on five days in the week, and making the Saturday half-holiday compulsory. This humane law, which has never been repealed or pronounced unconstitutional, has nevertheless been rendered almost of no effect by wholesale exemption, followed by non-enforcement. The officers appointed to enforce the factory laws are indifferent as to whether the laws are kept or not, and it is only in those factories in which there is a strong labor organization, that the law is obeyed, and the Saturday half-day is granted. In most of the industries employing large numbers of women and children the labor organization is not strong, and thus it happens that the greater part of women and children working in factories in New Jersey are at the mercy of their employers as regards their hours of toil. Reform in the laws relating to child labor is urgently needed in many parts of this country. Philanthropists will find ample scope for the practical expression of their charitable impulses in this connection.—N. Y. Medical Record.

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## The Fate of Unabsorbable Buried Ligatures.

It is a matter of common knowledge that unabsorbable ligatures buried within the tissues will in most instances remain in or about the place to which they have been attached, without interfering with healing by primary union. But at times, even after the lapse of years, they may work their way out. This process has chiefly been ascribed to the fact that they were not absolutely free from germs when left within the wound. C. Hamilton Whitford (British Medical Journal) does not share this opinion. He contends that the prob-

abilities are that these foreign bodies become infected through the medium of bacteria contained within the blood current, in the same manner that deep tissues may become infected without external abrasions, as occurs in osteomyelitis. When sutures are placed upon muscular structures they generally cut themselves loose from their attachment and become encapsulated, sometimes at quite a distance from their former location. The constant movement of the muscular fibers favors this migration. In their new situation they may remain permanently, but may also become infected, and then they tend to move further, sometimes making their way into important parts of viscera, and at other times directing their course toward the surface, much after the fashion of the peregrinations of imbedded needles.

The ever-present possibility of such an occurrence, regardless of the aseptic precautions taken at the time of operation, is considered by the writer as a distinct indication for the elimination, as far as possible, of non-absorbable buried sutures from surgical technics. Catgut, which may be prepared so as to resist absorption for a long time, appears to him to possess every advantage ascribed to the non-absorbable ligatures, while it cannot give rise to the accidents that may be caused by the latter.—International Journal of Surgery.

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## Chancroid Bacillus.

Davis (Journal of Medical Research, June) finds the chancroid bacillus in the purulent secretions of the great majority of cases of chancroid and occasionally in bubonic pus. It may be identified by its morphology and staining reaction and its ability to grow on ordinary culture media. Characteristic growth in a pure state may be obtained direct from genital chancroids and also in some cases from chancroid buboes. Growth is most luxuriant in a medium of fresh blood and bouillon but mixed human blood is the best medium for cultures from a source open to contamination. Inoculation of a pure culture of the bacillus or of chancroidal pus on the skin of certain monkeys reproduces the lesion, from which in turn the original organisms may be recovered in cultures. The cultivation of the same organisms in a pure state from lesions on the hands that resemble chancroid clinically, in the absence of lesions on the genitals, goes to show that chancroid may be primary on an extra-genital site. It is probable that bacteriological examinations of ulcers of this type will show a greater prevalence of extragenital chancroid than has hitherto been reported.

## Cancer of the Oesophagus.

Dr. Wolff states that cancer of the oesophagus develops by preference where that tube crosses the left bronchus and upon the site of old cicatrices, whether syphilitic, tuberculous, or traumatic; that it may graft itself upon a stricture or preexisting diverticulum; and, finally, that it seems to be especially frequent in alcholic subjects whose digestive tube is in a continual state of irritation. There may be, according to the author, another spot of predilection: that part of the oesophagus near the vertebral column when, in the course of a deforming spondylitis, the vertebrae are projected forward; friction against this bony surface may produce a weak spot and an epithelial growth. He reports two cases with their autopsies, in which such coexistence was found.—RevueHebdomadaire de Laryngologie, etc.

## Laporotomy Convalescence, with Reports of Twenty Illustrative Cases.

Robert Wallace Hardon says that the large percentage of cases operated on by him during the last four years have been allowed to get out of bed in from one to four days following operation, and in none have any but the best results been seen. Marked increase in the comfort of the patient in every way was noted following this line of procedure. Patients left the hospital stronger, and were sooner able to assume their occupations than had been observed to be the case when kept in bed for a much longer time. The additional comfort of the patient comes from being able to have more complete bowel movements, consequently less flatus and distress from this often troublesome feature; from the change of position and avoidance of any bed pressure symptoms; from a less nervous condition incident to keeping them as confined as is the custom, and from an absence of muscular weakness caused by an atrophy of disuse.—Medicine.

## The Therapeutic Uses of the Preparations of Benzoine.

H. R. Coston uses the compound tincture of benzoin to seal an incised wound in healthy tissue, or cracked nipples, granulating surfaces, bed-sores, chapped hands, anal fissure and the secondary periods of frost-bite. Chronic forms of eczema are benefited by painting them with the tincture of benzoin, or dusting with the benzoate of bismuth. Liver spots will be removed by the use of tr. benzoin. comp. ℥iss; hydrargyri chlor. corrosiv. ℈i; Aquae cologniensis q. s. f. ℥viii, applied twice daily. Sore throats are much improved by the

acid in solution or the tincture applied locally. The great indication for the internal use of the benzoates is ammoniacal urine. In cases of chronic cystitis the author gives 15 to 20 grains every two or four hours. For nocturnal enuresis with neutral or alkaline urine give three to five-grain doses after each of the principal meals. Headache of lithaemic origin will be cured by the use of these remedies. The benzoate of bismuth may be given with excellent results in diarrhoeal troubles in children. In chronic bronchitis benzoic acid or benzoate of ammonium will be found of signal service. All forms of influenza are benefited, and if there is much arterial excitement add two or three drops of tincture gelsemium to each dose. As antiperiodics the benzoates are worthless; as antipyretics they are reliable only in so far as they exert their specific effects upon the disease for which they are given and because of the slight diaphoresis and diuresis which is caused by them.—The Therapeutic Gazette.

## Does Injury to the Round Ligament in Herniotomy Result in Retro-Deviations of the Uterus?

Dr. Severin Goldner of the "First Surgical Clinic" and also of the "University Women's Clinic" of Vienna severely scores a recent article by Dr. Kayser in the Archiv fur Gynakolgie.

The latter reports four cases and concludes that—"it is very likely that in performing herniotomy, injury to the round ligament predisposes to a subsequent retroflexion of the uterus." "It would therefore seem advisable in all cases to isolate the ligament and fixate the same in the inguinal ring."

Goldner reports a series of fifty cases in which Bassini's operation was performed. Twenty-eight of these he was able to trace and examine. The time which had elapsed since operation varied from three to six and one-half years. Of these twenty-eight cases, thirteen were bilateral and fifteen were unilateral. In all cases the round ligaments were freed, if they allowed themselves to be easily isolated from the hernial sac.

All of these women belonged to the laboring class and were able to assume their duties subsequently. They had no symptoms later.

Of special interest were twelve instances on nine women, in which the ligament was obliged to be ligated with the sac, and cut, owing to firm adhesions. Three of these women therefore had both sides thus treated and six, one side. These cases, it would seem, ought to be cases in which retro-deviation of the uterus must follow. But none resulted, and in fact some of them went through subsequent preg-

nancies without having such results. These results, the author states, warrant him in contradicting Kayser's conclusions.

Furthermore, Kayser fails to state what method of radical operation he adopted and in what manner the round ligaments were disposed of in his cases. Again he only states his conclusions as probable, without giving actual statements that the round ligaments were severed or injured. Likewise, Kayser being prejudiced in favor of the MacEwen and Kocher methods, would be more likely to obtain such results.

Goldner concludes that, if the Bassini method is adopted, as the majority of surgeons have, retro-deviations of the uterus will not follow.—(Centralblatt fur Gynakologie. Aug. 1, 1903.

P. W. H.

## For Alcohol Excess.

In the extreme depressions, irritable system, and cerebral perversions following a debauch, I have frequently observed excellent results from the following:

℞ Sodium bromide, ℥ij.
℞ Sodium bromide, ℥ij.
Fld. ext. lobelia, of each, ℥j.
Fld. ext. pulsatilla, gtt, xx.
Fld. ext. lupulin, ℥ij.
Aqua mentha, q. s. ℥ij.
M. Sig.: Teaspoonful occasionally.

If the heart is very weak give nitrate of strychnine, while as a tonic in convalescence prescribe nucis vomica, calumba, gentian, and hydrastis. The primary feature is to afford the patient rest and comfort, the above usually being sufficient, however.—Dr. O. Henley Snyder, of Atlanta, Ga., in the Medical Summary.

Massage may be applied from the commencement of attendance upon a fracture case. When properly performed it has a quiescent effect on pain, and is therefore pleasing to the patient. It quickly removes obstruction to the circulation, hastens the absorption of exudates and tissue detritus, increases proliferation of cellular elements by the stimuli of increased nutrition, prevents muscular atrophy for the same reason, and speeds the reunition of the bony fragments.—E. A. Tracy, in Boston Med. and Surg. Jour.

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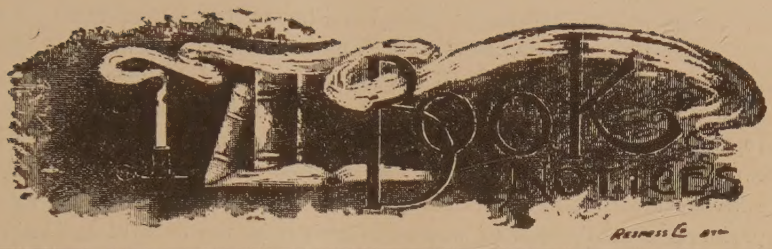


A TEXT-BOOK UPON THE PATHOGENIC BACTERIA.

A TEXT-BOOK UPON THE PATHOGENIC BACTERIA. For students of medicine and Physicians. By Joseph McFarland, M.D., Professor of Pathology and Bacteriology in the Medico-Chirurgical Hospital, Philadelphia. Handsome octavo volume of 629 pages, fully illustrated, a number in colors. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth, $3.50 net.

This work gives a concise description of the technical procedures requisite in the study of bacteriology, a brief account of the life histories of the important pathogenic bacteria, and sufficient description of the pathologic lesions accompanying micro-organismal invasions to give an idea of the origin of symptoms and the causes of death. Although but a short time has elapsed since the appearance of the previous edition, such rapid strides have been made in the subject of bacteriology, especially in its relation to pathology, that the author deemed it necessary to rewrite the work entirely. All the old matter has been eliminated, much new matter is in evidence, and, in fact, the subjects treated have been brought precisely down to date. What impressed us most were the chapters upon Infection and Immunity. All the new facts recently added to our knowledge of these subjects can here be found. The value of the work as a book of reference has been materially increased by the introduction of a large number of references to bacteriologic literature. These have been thoroughly chosen, and, in nearly all cases, give the sources of the original descriptions of the micro-organisms treated, and the important methods described. Another valuable addition is a bibliographic index containing the names of over 600 authors. Altogether the work in its new edition is very commendable, and practitioners and students will find it of unusual value.

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## A TEXT-BOOK OF OBSTETRICS.

A TEXT-BOOK OF OBSTETRICS. By Barton Cooke Hirst, M.D., Professor of Obstetrics in the University of Pennsylvania. Handsome octavo, 900 pages, with 746 illustrations, 39 of them in colors. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth, $5.00 net; Sheep or Half Morocco, $6.00 net.

In revising his work for this edition, the author has spared no pains to make the book reflect the latest knowledge on the subject. He has even described and illustrated the method of using the "Neumann-Ehrenfest Kliseometer." His perfect familiarity and extensive experience with diseases of women is shown in the careful and minute manner in which he describes the various methods of treatment. As most all the diseases of women are the consequences or complications of childbirth, their preventive treatment at least is in the hands of the obstetrician, and the physician in general practice must be equally well informed in both branches of gynecology. The specialist in obstetrics must be an expert in the surgical treatment of all diseases of women. Even a specialist who confines his work entirely to this treatment, must at least have served a long apprenticeship in practical obstetrics, and have mastered its science to be adequately prepared for his work. From the glimpse we have obtained of Dr. Hirst's knowledge of diseases of women, we wait anxiously for his new work on that subject. In this present work every page has been altered and bettered in some way. More attention has been given than in the previous editions to the diseases of the genital organs associated with or following childbirth, and this we think, is an excellent improvement. Many of the old illustrations have been replaced by better ones, and there have been added besides a number entirely new. The work treats the subject from a clinical standpoint, the author ever keeping in mind that the aim of all medical literature is to cure.

## NERVOUS AND MENTAL DISEASES.

NERVOUS AND MENTAL DISEASES. By Archibald Church, M.D., Professor of Nervous and Mental Diseases and Head of Neurological Department, Northwestern University Medical School; and Frederick Peterson, M.D., President New York State Commissioner in Lunacy; Chief of Clinic, Department of Nervous Diseases, College of Physicians and Surgeons, New York. Fourth Edition, Thoroughly Revised and Enlarged. Handsome octavo volume of 922 pages, with 338 illustrations. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth, $5.00 net; Sheep or Half Morocco, $6.00 net.

This is the fourth edition of this excellent work in as many years.

The revision, indeed, has been thorough, all the latest knowledge on the subjects having been incorporated, including the recent work regarding the healing of nerves. The subject of Intermittent Limping, now definitely known to depend upon a lesion of the posterior root ganglia, and Herpes Zoster have been given a section each. Another addition is the discussion of that form of epilepsy marked by myoclonus, furnishing the so-called Combination Disease. Further importance has been given to symptomatology and symptomatic disturbances, and the diagnostic value of astereagnosis and of Kernig's Sign has been elaborated.

We also find that there have been added a large number of new and excellent illustrations. A useful addition to the portion of the book devoted to Insanity is a new section consisting of a critical review of the German Schools which have recently made such important advances in psychiatry.

In many ways this work will be found of unusual assistance not only to the specialist, but also to the student and general practitioner.

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## AMERICAN TEXT-BOOK OF SURGERY.

AMERICAN TEXT-BOOK OF SURGERY. For Practitioners and Students. Edited by William W. Keen, M.D., LL. D., F. R. C. S. (Hon.), Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia; and J. William White, M.D., John Rhea Barton, Professor of Surgery, University of Pennsylvania, Philadelphia. Fourth Edition, Thoroughly Revised and Greatly Enlarged. Handsome octavo of 1,363 pages, with 551 text-illustrations and 39 full-page plates, many in colors. Philadelphia, New York, London. W. B. Saunders & Company, 1903. Cloth, $7.00 net; Sheep or Half Morocco, $8.00 net.

Of the three former editions of this work nearly 40,000 copies have been disposed of. Its sale, indeed, has been the wonder of the medical publishing world. In this present edition every chapter has been extensively modified, and many of them have been partially, and some entirely, rewritten. Notably among such chapters are those on Surgical Bacteriology, Tumors, the Osseous System, Orthopedic Surgery, the Surgery of the Nerves, the Joints, the Abdomen, etc. The most recent researches of Monks on the Intestine, Crile and Cushing on Shock and Blood Pressure, Matas on Neural Infiltration and Aneurysm, Edebohls on Renal Decortication, etc., have been included. The use of paraffine in nasal deformities, the methods of spinal and local anesthesia, and the newer anesthetics have also been described. And this is but an illustration of the completeness and thoroughness of the entire work.

Besides the extensive revision and amplification of the old matter, there have been added six new chapters of the utmost importance, written by men whose positions and experience especially fit them to speak with authority. These chapters are Military Surgery, Naval Surgery, Tropical Surgery, Examination of the Blood, Immunity, and Surgery of the Pancreas. Though there was a brief chapter on the Pancreas in the third edition, in this present edition it has been expanded so greatly that it really is wholly new, the modern surgery of the Pancreas having been created since the last edition. A number of the old illustrations have been replaced by better ones, and, in addition, there have been added a number entirely new. In fact, we know of no single volume work that is even its equal in the expounding of the advanced and practical principles of modern surgery.

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## DORLAND'S AMERICAN ILLUSTRATED MEDICAL DICTIONARY.

THE AMERICAN ILLUSTRATED MEDICAL DICTIONARY. For practitioners and Students. A Complete Dictionary of the Terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, and the kindred branches, including much collateral information of an encyclopedic character, together with new and elaborate tables of Arteries, Muscles, Nerves, Veins; of Bacilli, Bacteria, Micrococci, Streptococci; Eponymic Tables of Diseases, Operations, Signs and Symptoms, Stains, Tests, Methods of Treatment, etc. By W. A. Newman Dorland, A.M., M.D., editor of the "American Pocket Medical Dictionary." Handsome large octavo, nearly 800 pages, bound in full flexible leather. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Price, $4.50 net; with thumb index $5.00 net.

The rapid exhaustion of two large editions cannot but be a gratifying proof to the editor and publishers that this excellent work meets the varied needs of physicians and students better than any other dictionary on the market.

In this the third edition several hundreds of new terms that have been added to the vocabulary of medical sciences have been incorporated and clearly defined. The entire work, moreover, has evidently been subjected to a careful revision, and many of the tables, notably those of Acids, Bacteria, Stains, Tests, Methods of Treatment, etc., have been amplified, and their practical value greatly increased. It is only by such constant and careful revision that a medical dictionary can hope to reflect progress of medical science, and the usefulness of this work by this present revision has been very largely extended.